



CSRA PROBATE

BY HUGGINS PEIL, LLC

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Estate Planning Worksheet

INSTRUCTIONS: Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Once you have completed the form, please mail, fax, e-mail, or drop the form by our office. A member of our firm will be in contact with you to discuss the form.

CLIENT INFORMATION

Your Full Legal Name: _____

Your Spouse's Full Legal Name: _____

Street Address: _____

City, State, and Zip: _____

County of Residence: _____

Telephone: Home: _____ Work: _____ Cell: _____

Faxsimile: _____

E-Mail(s): _____

Marital status: _____ Date of Marriage: ____ / ____ / ____

Date of birth: Client ____ / ____ / ____ Spouse ____ / ____ / ____

Citizenship: Client _____ Spouse _____

Have you or your spouse been married previously? Yes No

Have you or your spouse ever resided in Alaska, Wisconsin, Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas or Washington? (Circle the state) If so, please provide the dates of residence in each of the above states: _____

Do you have current Wills? Yes No

If yes, please bring all originals to our appointment.

FAMILY INFORMATION

Please list the legal names and birthdays of all of your children, and whether they have children of their own. Please also include the names of any deceased children and whether they had any children.

<u>Husband's Children</u>	<u>Date of Birth</u>	<u># and Age of Grandchildren</u>
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

<u>Wife's Children</u>	<u>Date of Birth</u>	<u># and Age of Grandchildren</u>
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

ESTATE PLANNING INFORMATION

A **personal representative, or executor**, is the person who manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. List **up to** three people you would like to be your personal representative, in the order in which you would like them to serve:

<u>Legal Name</u>	<u>Relationship</u>	<u>Address (if not a relative)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

A **trustee** is the person who will manage assets after your death for any minor children, grandchildren, or disabled beneficiaries of your estate, or, for your surviving spouse, as applicable. A trustee may also be appointed to manage your assets during your own lifetime in certain circumstances. List **up to** three people you would like to be your trustee, in the order in which you would like them to serve:

<u>Legal Name</u>	<u>Relationship</u>	<u>Address (if not a relative)</u>
1. _____	_____	_____
2. _____	_____	_____
1. _____	_____	_____

A **guardian** is the person who will take care of your minor children, after your death. List **up to** three people you would like to be guardian of your children, in the order in which you would like them to serve:

<u>Legal Name</u>	<u>Relationship</u>	<u>Address (if not a relative)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

A **General Durable Power of Attorney** authorizes someone to act on your behalf for financial and medical decisions during your lifetime. List **up to** three people you would like to act on your behalf if you are found legally incompetent, in the order in which you would like them to serve:

<u>Legal Name</u>	<u>Relationship</u>	<u>Address (if not a relative)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

An **Advance Directive**, also called a "Living Will" is a document in which you specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances. Do you want a living will? Yes No

If yes, who would you like to be your *health care agent* to make medical decisions if you are unable? _____

Who would you like to be your *backup health care agent*? _____

Exclude a former spouse? Yes No If yes, Name: _____

The beneficiaries who are designated on your various investments, retirement accounts, and life insurance policies should be coordinated with your Wills. Do you have retirement accounts, life insurance policies, annuities, or other accounts that need beneficiary designation forms directing that these assets should pass upon your death in harmony with your Will? Yes No

Please note if any special family circumstances are applicable:

Do you want to disinherit anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone likely to contest your Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone on governmental assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone have special needs, disabilities, or addictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will anyone need to enter a nursing home soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone have creditor problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is divorce a concern for anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		

Please list any special financial circumstances:

Continuing obligations from a prior divorce?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prenuptial or other marital agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or your spouse ever filed gift tax returns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Georgia assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oil, Gas, Mineral Interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agricultural interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time-share or vacation home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the beneficiary of any existing trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total combined estate close to or over \$5 million?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a long-term care policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the benefits payable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		

DISTRIBUTION OF ESTATE:

1. Would you like to make gifts of specific assets under your Will? If so, please describe:

2. Please describe how you would like the rest of your estate distributed.

3. If any of the above beneficiaries are deceased, who would you want to be your contingent beneficiary or beneficiaries?

4. The Will's trust provision allows your Personal Representative to hold the gift to any beneficiary in trust until he or she reaches age 25 (and this is strongly recommended). Please indicate if you would like the age of trust dissolution and outright distribution to be different.

5. Would you prefer to be buried or cremated?

6. Is there anything else you would like to tell us regarding what you want in your will?